Under the Peperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displeys a valid OMB control numbi								
Effective on 12/08			olete if Knowi					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number		09/024,278-Conf. #8139			
FEE TRANSMITTAL			Filing Date		February 17, 1998			
For FY 2009			First Named Inventor		Frederick S.M. Herz			
			Examiner Name		S. P. Huynh			
X Applicant claims small entity status. See 37 CFR 1.27			All Olik		2424			
TOTAL AMOUNT OF PAYMENT (\$) 180.00			Attorney Docket No. P0813.7001		20813.70013U	S01		
METHOD OF PAYMENT (check	call that apply)							
Check X Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND I	EXAMINATION FEE	ES			····			
F	ILING FEES	SE	ARCH FEES	EXAMIN	ATION FEES			
Application Type Fee (Small Entity S) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)	
Utility 330		540		220	110			
Design 220	110	100	50	140	70			
Plant 220	110	330	165	170	85			
Reissue 330	165	540	270	650	325			
Provisional 220	110	0	0	0	0			
2. EXCESS CLAIM FEES							Small Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reis Each independent claim over 3 (inc				52 220	26 110			
Multiple dependent claims	ruding Reissues)					390	195	
Total Claims Extra Claim	ns Fee (\$)		ee Paid (\$)	м	ultiple Depend			
-20 or HP x =			Fee (\$)			Fee Paid (\$)		
HP = highest number of total cleims paid f	or, if greeter then 20.						_	
Indep. Claims								
- 3 or HP = HP = highest number of independent claim	x =							
3. APPLICATION SIZE FEE	is paid for, if greater tha	m s.						
If the specification and drawings	exceed 100 sheets	of naner	(excluding electr	onically fil	led sequence or	computer		
listings under 37 CFR 1.52(e)) sheets or fraction thereof. See	, the application siz	ze fee d	ue is \$270 (\$135 t				0	
Total Sheets Extra She			additional 50 or fra	ction thereo	f Fee (\$)	Fee	Paid (\$)	
- 100 =	/50 =		(round up to a who	ole number)	х			
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filling surcharge): 1806 Submission of an Information Disclosure Statement 180.00								
SUBMITTED BY								
Signature That I	A. lengen		Registration No. (Attorney/Agent)	61.146	Telephone	617.646	3.8000	
Name (Print/Type) Robert A. Jensen Date North IS. 2010								
TODGIT A. DELISE	**				IN TO NOW	um 15,	WIU	

Certificate of Electronic Filing Under 37 CFR 1.8							
I hereby certify that this paper (along with any paper r	eferred to as being attached or enclosed) is being transmitted via the Office electron	ic filing					
system in accordance with § 1.6(a)(4).							
	h 2010 - Lea						
Dated: (/- (5-/0	Signature: Janes D'Ennumio Elles)					
	7	,					